

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Officer Schrecker
Bullock Co. Corr. Fac.
P.O. Box 5107
Union Springs, AL
36089

2. Article Number

(Transfer from service label)

7006 2760 0005 4873 2366

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Kevin Jiles/10

Agent
 Addressee

B. Received by (Printed Name)

Kevin Jiles/10

C. Date of Delivery

6/1/07

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No07CV 399
PO+CMF

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Officer Hill
Bullock Co.
P.O. Box 5107
Union Springs, AL
36089

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7006 2760 0005 4873 1413

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Kevin Jiles/10

Agent
 Addressee

B. Received by (Printed Name)

Kevin Jiles/10

C. Date of Delivery

6/1/07

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No07CV 399
PO+CMF

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

J. A. Jackson
Bullock Co.
P.O. Box 5107
Union Springs, AL
36089

2. Article Number

(Transfer from service label)

7006 2760 0005 4873 1475

102595-02-M-1540

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

PS Form 3811, February 2004

Domestic Return Receipt

SENDER:

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Baskin
Bullock Co. Cen. Fac.
P.O. Box 5107
Union Springs, AL
36089

2. Article Number

(Transfer from service label)

(If

PS Form 3811, February 2004

ssed to:

A. Signature

X Kevin Jiles, Jr.

Agent
 Addressee

B. Received by (Printed Name)

X Kevin Jiles, Jr.

C. Date of Delivery

6/1/07

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

No

36089-01CV399

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2006 2760 0005 4873 1390

SENDER: COMPLETE THIS SECTION

(If

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nurse Ether
Bullock Co. Cen. Fac.
P.O. Box 5107
Union Springs, AL

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

36089

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2006 2760 0005 4873 1918

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nurse Ether
Bullock Co. Cen. Fac.
P.O. Box 5107
Union Springs, AL
36089

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Kevin Jiles, Jr.

Agent
 Addressee

B. Received by (Printed Name)

X Kevin Jiles, Jr.

C. Date of Delivery

6/1/07

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

No

36089-01CV399

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2006 2760 0005 4873 1451

Domestic Return Receipt

102595-02-M-1540